Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

## Questions Generated for Responses through Division's Web Site
## with Q&A for New and Modified Service Definitions

## Community Support Adult MH/SA

| Service Definition Component | Question | Answer | New or Revised? |
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| Service Definition | Where does individual therapy fit in the new service definition? | If a person who is receiving Community Support requires individual therapy based on medical necessity and it is in the Person Centered Plan, Community Support would assist the individual to arrange the needed service. | |
| Service Definition & Service Type/Setting | How can the Community Support provider be the "clinical home" for the consumer when the Community Support definition does not include the provision of any clinical supports? A Qualified Professional is a professional but not necessarily a licensed professional.  Will there be any ongoing clinical support with this service? | Qualified Professional must have the skills and knowledge to work with identified population, and would develop the Person Centered Plan and coordinate any additional services and supports identified in the Plan. | |

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| Service Definition & Service Exclusions/Limitations | Can any clinical service be provided by Community Support? | Some types of clinical services would be provided by the Community Support provider, (eg. Supportive Counseling). However, it would be possible, based on the Person Centered Plan, to arrange for specialized services, such as Dialectical Behavior Therapy or Medication Management. | |
| Service Definition | I attended the training on the 31st and needed clarification. At one point, I was under the impression that Outpatient Services was going to be bundled in the Community Supports service definition...after attending the training it seems that that is not correct, in that Outpatient Services may be provided in addition to Community Supports for adult with MH/SA or Children w/ MH/SA as long as the person centered plan outlines Outpt if needed. And simply put, CBS | That is correct....if OP is part of the PCP, then the service is available. OP is also available for the basic benefit. | |

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| | and CM are actually bundled in Community Supports, not outpt. Services. Is this correct? We are getting ready to divest our Outpatient Services here at Wilson Greene and I want to be sure that I understand this correctly. | | |
| Service Definition | How is Division of MH/DD/SAS going to ensure that providers of Community Support and Community Support Team obtain necessary psychiatric care for those consumers? | The Memorandum Of Agreement between the Local Management Entity and provider requires the provider to have psychiatric and/or physician coverage for certain services, including Community Support and Community Support Team. | |
| Service Definition | There has been some mention of the possibility of agencies to collaborate to provide various elements of the Community Support definition (and possibly Diagnostic Assessment) that may be in the form of a legal agreement. What would this look like and how would it be operationalized? | During the transition period, a contract between the two agencies would be used to clarify the responsibilities of both parties. | |

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| Service Definition | Clarify - will providers who provide treatment services be doing community support/case management or will this be separate service? | Community Support includes a case management function, and it is a separate from treatment services. | |
| Service Definition | Assumption. A provider can be authorized to provide Community Support service while the provider is developing the Person Centered Plan during the 1st thirty days of service? | Correct. There is an automatic authorization of 30 days that allows Community Support to address the immediate needs of the consumer while the Person Centered Plan is being developed. | |
| Provider Requirements | Can the Area Program do the case management component of Community Support under the supervision of the Qualified Professional? | If the Local Management Entity is going to provide any of the new and modified services, the Local Management Entity must meet the criteria outlined in Communication # 16 (http://www.dhhs.state.nc.us/ mhddsas/announce/index.htm) and the requirements of the service definitions. | |
| Provider Requirements | As a provider of Community Based Service to mental health consumers what is the | Community Support does include aspects of Case Management and Community | |

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| | process to obtain the ability to provide Case Management services as well. Currently we provide Community Based Service but with the new Community Support definition we also need to provide Case Management. Does the Local Management Entity have to endorse companies if they meet the requirements as a provider? | Based Service. After the service definitions are adopted, the Local Management Entity will be responsible for using the state-wide process to determine if the provider meets all of the qualifications. | |
| Provider Requirements | Are Community Support providers excluded from providing any other services? | No, but each service requires a separate endorsement by Local Management Entity(s). | |
| Staffing Requirements | Does Community Support require a licensed clinician? | Community Support requires a Qualified Professional, not necessarily a licensed Qualified Professional. | |
| Staffing Requirements | Can training for Community Support, Intensive In-home, or Multisystemic Therapy be agency internal? | Only if the trainer and the training curriculum are approved by the Division of MH/DD/SAS. | |
| Staffing Requirements | If a person gets 20 hrs can he/she be a trainer? | No, there is a separate process by which trainers are approved. | |

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| Staffing Requirements | Strength based intervention/training provided? | Community Support and Person Centered Plan training will include a strengths-based approach. | |
| Staffing Requirements | Is the 20 hours of training required for community support per staff or per agency? | Each staff person delivering the service must receive 20 hours of approved training. | |
| Staffing Requirements | Paraprofessional -- what type of experience counts? | Experience requirements for a paraprofessional are defined in 10A NCAC 27G.0104(14) [http://www.dhhs.state.nc.us/ mhddsas/manuals/aps/apsm30 -1total7-04.pdf]. | |
| Staffing Requirements | 1 year employment experience – what constitutes the time – field placement / internship + 90 days? | The requirement in Community Support for a minimum of one year documented experience with the population to be served has been removed from the definition.  This does not eliminate the need for staff to meet the qualifications as defined in Rule. | |
| Staffing Requirements | What experience is considered acceptable for the minimum of one year prior experience | The requirement in Community Support for a minimum of one year | |

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| | that is required?  Following this same requirement, for paraprofessionals who may already be working with a client, but who may have less than 1 year experience, will they be "grandfathered" in or will any exception be made for them to allow the client to continue to receive services with the same worker? | documented experience with the population to be served has been removed from the definition.  This does not eliminate the need for staff to meet the qualifications as defined in Rule. | |
| Staffing Requirements | When your Community Support and Community Support Team are the "first responders," does this take the place of "Access to Care" that is currently the "1st responders" with the Local Management Entity I'm still working with? | Community Support and Community Support Team are the first responders for anyone they serve.  New consumers presenting in crisis are the responsibility of the Local Management Entity's crisis response system. | |
| Staffing Requirements | Paraprofessionals – Are to take care of skill building >what about clients who actually need a professional? | Assignment of staff responsibility is based on the Person Centered Plan. | |
| Staffing Requirements | Community Support - Caseload of 1:30.  Is this for the Qualified Professional, the | Case size for Community Support Qualified Professional may not exceed | |

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| | paraprofessional or both? | 1:30. | |
| Staffing Requirements | What about cases where we need a Qualified Professional to step in at the home? Hire staff that have skills to do the job, or is it all consuming – re-evaluate the level of service? | You match the service up to the person's needs, you bill for only one at a time. | |
| Staffing Requirements | If seasoned case managers have salaries of about $18 per hour is it feasible to provide community support for $50 per hour? | The proposed rate (i.e., $15.24/unit) is a blended rate for the service, which includes the paraprofessional and professional staff. We anticipate that agencies may pay differential salaries contingent on level of credentials. | |
| Staffing Requirements | I am concerned with Community Support being contracted out that the Qualified Professional will only write the plan and the company will get Paraprofessional staff to do the rest of the work in order to save money. | As stated in the Service Definition, the Qualified Professional has ongoing responsibilities to supervise, monitor paraprofessionals providing skill building activities, coordinate and oversee initial and ongoing assessment activities, and to provide additional case management functions. | |

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| Staffing Requirements | The Associate Professional/paraprofessional, they do grocery shopping (teach) but can they (Q) go teach? | Yes. The emphasis for Associate Professionals and Paraprofessionals is skill building. However, Qualified Professionals may also be involved in skill building, based on the individual consumer's needs and Person Centered Plan. | |
| Staffing Requirements | Associate Professional – supervised by the Qualified Professional? | Yes, this is required based on 10A NCAC 27G.0203 and according to the licensure or certification requirements for the specific profession. | |
| Staffing Requirements | Qualified Professionals do traditional oversight monitoring, etc., develop, and revise Person Centered Plan. Can they provide direct skill building? | Yes, the Qualified Professional's role is to monitor skill building. The associate professional and the paraprofessional will typically perform the actual skill building activities with consumers, emphasizing recovery, and accomplishment of Person Centered Plan goals. | |
| Staffing Requirements | What are the staff requirements for the different | Please refer to the chart in the Service Definition under | |

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| | elements?  (planning oversight vs. Implementation daily coordination, skill building) | Staffing Requirements. | |
| Staffing Requirements | Specific to the minimum experience requirement…how does one get the experience if they can't provide the service without the required experience? | The one year experience requirement was removed from the Community Support service definition. | |
| Staffing Requirements | Does the same Qualified Professional who writes the client's plan have to be the same Qualified Professional who supervises the APs and paraprofessionals working with the client? | The Qualified Professional, who is responsible for the Person Centered Plan, also supervises the Associate Professional and paraprofessionals working with the consumer. | |
| Staffing Requirements | Community Support - Who will provide it?   How does this affect case management? Community Alternatives Program or Community Based Service? Will a professional have to provide it or can a paraprofessional do it? | Please refer to the service definition for Community Support.  All CAP-MR/DD consumers will have a targeted case manager. | |
| Staffing Requirements | A question about the | The Qualified Professional's | |

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| | difference between Professional and Paraprofessional Community Support service - Will the professional be expected to do behavior modification skills training and all the other things that are listed under the paraprofessional or will it strictly be a position of supervising, coordinating, assessing, and all the other services will typically did under the case management definition? | role is to monitor skill building. The associate professional and the paraprofessional will typically perform the actual skill building activities with consumers, emphasizing recovery, and accomplishment of Person Centered Plan goals. | |
| Service Type/Setting | Is Community Support Services ALWAYS responsible for creating and then updating (as other services are entered into) the Person Centered Plan? | The Person Centered Plan is developed by the clinical home for the individual. Community Support is the clinical home for most individuals. However, based upon the individual's needs, the clinical home may be another service, such as ACTT, SAIOP, etc. | |
| Service Type/Setting | Getting Community Support in the Person Centered Plan, can the Qualified Professional | The Community Support service does not provide outpatient therapy. | |

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| | also bill for outpatient therapy? | If the Qualified Professional is also an independent practitioner directly enrolled with Medicaid that person may provide outpatient therapy with other individuals who are not receiving Community Support from that same Qualified Professional. | |
| Service Type/Setting | Burke County: all staff are different professional levels, there are no billing codes yet? | HOO36 for Community Support individual and HOO36HQ for Community Support group are the proposed billing codes. | |
| Service Type/Setting | Can the provider do Community Support groups and not refer to PSR? | Yes, if what they are providing is the service the consumer needs. | |
| Service Type/Settings | Are the Community Support service and Diagnostic Assessment service definitions applicable to people in jail? It could be beneficial for Substance Abuse to link up during this interim period, link with other community resources. | Community Support service will be applicable in the jail system and will be reimbursed outside of UCR with state funds (not Medicaid funds). Diagnostic Assessment will be applicable once they are out of jail. | |

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| Program Requirements | Community Support for IPRS-funded consumers with substance abuse needs would be considered best practice unless proved otherwise, according to recent Division trainers. However, Substance Abuse group treatment is considered best practice in addition to case management. There seems to be a discrepancy between what the Division representative says and what the research is saying. Please clarify. | Supportive counseling can be provided as a part of Community Support. The case management function is also part of Community Support.<br><br>If additional treatment is indicated by the Person Centered Plan, such as substance abuse group therapy, that treatment can be provided. | |
| Program Requirements | What happens when the former "case manager" providing community support is not able to provide all of the services that community support entails to a caseload of say 25? | The Qualified Professional-to-consumer ratio is a <u>maximum</u> of 1:30. The Associate Professionals and Paraprofessionals can also provide Community Support activities under the supervision of a Qualified Professional. | |
| Program Requirements | If our Screeners do a good job on the phone, and can assess that a Medicaid consumer needs outpatient, office-based therapy only, and the | If the consumer is determined not to be a member of a target population as a result of screening, the consumer would be referred to | |

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| | consumer makes a choice among direct-billers who are independent practitioners, then why not refer the consumer directly to their chosen independent provider from that point? This would skip the intensive evaluation process (which is costly) and save the consumers' time and effort from having to tell their story once to the assessment site for evaluation and then to the actual therapist to whom they are referred.<br><br>The downside would be that we may miss an underlying problem which would be uncovered in the evaluation. This would be remedied by Screening/Triage/Referral call backs to assure that the consumer made the connection they need and to assess if they have other needs which should be addressed. If the latter, then the consumer could come through | appropriate basic benefits.<br><br>For presumed members of target populations, screening is not designed to replace the function of Diagnostic Assessment. | |

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| | assessment and have the person-centered plan developed to identify their need for more intensive services. Also, that independent practitioner would have to develop a relationship with someone who can do their service orders. | | |
| Program Requirements | Can the Community Support provider link consumer to direct enrolled outpatient providers or should all services other than psychiatry be handled by the Community Support provider? | Community Support program provides services and activities as identified in the service definition. The Community Support program would link the consumer with other service providers as the needs were determined by the Person Centered Plan. | |
| Program Requirements | What are the duties of the first responder? | Action is taken 24/7 by the primary provider for existing clients to both prevent escalation and intervene in the person's crisis situation. First response would follow the person's crisis plan. It may be as simple as helping the person to identify the trigger that precipitated the crisis | |

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| | | and/or known actions that help the person to regain control of self.  It may be arranging transportation for the person to or meeting them at an observation room at the community hospital emergency room or other safe place so an evaluation may be conducted by appropriate MH/SA qualified professionals.  It may involve obtaining authorization for the client to be admitted to a detox or psychiatric facility. If the crisis situation exceeds the capability of first responder, the primary provider contacts the LME for formal crisis procedures to ensure the person's safety and well being. (Policy Guidance: Development of Community Based Crisis Stabilization Service) http://www.dhhs.state.nc.us/mhddsas/announce/commbulletins/commbulletin035-2.pdf | |
| Program Requirements | Does "first responder crisis | Action is taken 24/7 by the | |

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| | service" mandate face-to-face intervention or is phone contact with linkage to appropriate crisis services sufficient? | primary provider for existing clients to both prevent escalation and intervene in the person's crisis situation. First response would follow the person's crisis plan. It may be as simple as helping the person to identify the trigger that precipitated the crisis and/or known actions that help the person to regain control of self. It may be arranging transportation for the person to or meeting them at an observation room at the community hospital emergency room or other safe place so an evaluation may be conducted by appropriate MH/SA qualified professionals. It may involve obtaining authorization for the client to be admitted to a detox or psychiatric facility. If the crisis situation exceeds the capability of first responder, the primary provider contacts the LME for formal crisis procedures to | |

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| | | ensure the person's safety and well being. (Policy Guidance: Development of Community Based Crisis Stabilization Service) http://www.dhhs.state.nc.us/mhddsas/announce/commbulletins/commbulletin035-2.pdf | |
| Program Requirement | Face to face =60%? | 60% of the total aggregated Community Support provided for the entire agency. | |
| Program Requirements | How do we monitor the 60% face to face requirement? | Provider will need to have the ability to create reports from Community Support records. | |